

Holland & Knight

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March 28, 2013

RECEIVED

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HEALTH FACILITIES &
SERVICES REVIEW BOARD

Via Electronic Mail to "mike.constantino@illinois.gov"

Mr. Mike Constantino
Supervisor, Project Review Section
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

Re: Preferred SurgiCenter, LLC (CON Project No. 13-007)

Dear Mr. Constantino:

This letter provides additional information related to the letter, dated March 14, 2013, which notified the Illinois Health Facilities and Services Review Board (the "State Board") of a Type B modification affecting the certificate of need ("CON") permit application submitted by Preferred SurgiCenter, LLC (the "Applicant"). Specifically, this letter provides the final two replacement physician referral letters, which replace the referral volume lost when the Applicant was notified by a referring physician that he was no longer able to participate in the project.

Since March 14, the Applicant has received a total of four physician referral letters that are intended to replace the surgical volume lost due to the original physician's withdrawal. The Applicant sent copies of the first two replacement referral letters with the March 14 notice sent to the State Board, with the original letters being submitted shortly thereafter. The remaining two replacement physician referral letters (original versions) are also being mailed directly to the State Board, to your attention.

In the meantime, duplicate copies of the final two replacement letters are enclosed with this letter. The final two replacement physician referral letters are from the following physicians: (1) Ramon Manglano, M.D. (300 gastroenterology referrals) and (2) Sami Bittar, M.D. (150 general surgery referrals). Taken together with the March 14 replacement physician referral letters (i.e., the letters from Bashar Hamad, M.D. and Richard Rotnicki, M.D.), the Applicant has fully replaced the procedures lost by the withdrawal of the original referring physician.

In addition to the replacement letters attached hereto, the Applicant also submits a page to replace Page 182 of the CON permit application. In particular, the new page presents a revised chart detailing the number and type of physician referrals to be made to the proposed surgery center and is based upon the most current list of referring physicians. The chart is provided for Attachment 27, Criterion 1110.1540(c), Projected Patient Volume.

March 28, 2013
Replacement Physician Referral Letters, Project 13-007.
Page 2 of 2

If you have questions about this letter, or need additional information, please do not hesitate to contact me at (312) 715-5885. Thank you for your consideration.

Sincerely yours,

HOLLAND & KNIGHT, LLP

A handwritten signature in black ink, appearing to read 'JHR', followed by a long horizontal flourish.

Joseph Hylak-Reinholtz

JHR/jhr

enclosures

ATTACHMENT 27

Criterion 1110.1540(c) Projected Patient Volume

The physician referral letters supporting the proposed ASTC provide the number of patients referred to health care facilities (ASTCs and Hospitals) within the past 12 months and the project referrals to the proposed ASTC during the first full year of operation. The following chart also identifies the facilities to which the referring physicians sent patients to during calendar year 2012 and the number of referrals that each physician anticipates referring to the ASTC once it becomes operational.

Specialty	Physician Name	Hospital/ASTC	# Cases Performed in Past 12 Months	Anticipated # Cases Referred to New ASTC
Gastroenterology	R. Rotnicki, M.D.	Silver Cross Hospital, Joliet, IL	0	500
		Surgery Center of Joliet, Joliet, IL	552	
		St. Joseph Medical Center, Joliet, IL	64	
		SUBTOTALS	616	
	B. Hamad, M.D.	Silver Cross Hospital, Joliet, IL	235	700
		Surgery Center of Joliet, Joliet, IL	547	
		St. Joseph Medical Center, Joliet, IL	420	
		SUBTOTALS	1,202	
	R. Manglano, M.D.	MetroSouth Medical Center, Blue Island, IL	208	300
		Pronger Smith, Tinley Park, IL	360	
		SUBTOTALS	568	
	E. Vargas, M.D.	St. Mary's Hospital, Chicago, IL	360	295
		Fullerton Surgery Center, Chicago, IL	176	
		SUBTOTALS	536	
General Surgery	R. Manglano, M.D.	Palos Community Hospital, Palos Heights, IL	50	100
		Metro South Medical Center, Blue Island, IL	816	
		Pronger Smith Center, Blue Island, IL	48	
		Pronger Smith Center, Tinley Park, IL	336	
		SUBTOTALS	1,250	
	T. Diniotis, M.D.	Our Lady of Resurrection Hospital, Chicago, IL	550	350
		Thorek Memorial Hospital, Chicago, IL	200	
		Fullerton Surgery Center, Chicago, IL	79	
		SUBTOTALS	829	
	S. Bittar, M.D.	Tinley Woods Surgical Center, Tinley Park, IL	80	150
		Hinsdale Surgery Center, Hinsdale, IL	150	
		LaGrange Memorial Hospital, LaGrange, IL	400	
		Hinsdale Hospital, Hinsdale, IL	150	
		Ingalls Memorial Hospital, Harvey, IL	320	
		SUBTOTALS	1,100	
Pain Management	Y. Hussein, M.D.	AmSurg Surgery Center, Joliet, IL	150	525
		Fullerton Surgery Center, Chicago, IL	240	
		Orland Park Surgery Center, Orland Park, IL	150	
		SUBTOTALS	540	
	F. Rahman, M.D. & T. King, M.D.	Tinley Woods Surgical Center, Tinley Park, IL	500	1,685
		Physician Office, Orland Park, IL	960	
SUBTOTALS		1,460	2,100	
TOTALS			8,101	5,020

NOTE: Copies of the physician referral letters immediately follow this page; however, the original physician referral letters (original, signed copies) are attached to this application as Appendix 1.

March 27, 2013

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

RE: Physician Referral Letter for Project No. 13-007, Preferred SurgiCenter, LLC

Dear Ms. Avery:

I am a surgeon who specializes in gastroenterology (endoscopy) surgery ("Specialty"). Over the past twelve months, I have performed a total of 568 outpatient surgery cases in this Specialty. My surgical caseload in this Specialty will constitute the majority of my surgical work in the future.

During the past twelve months, I referred my surgical cases in this Specialty to the following health care facilities, which includes hospitals and/or ambulatory surgical treatment centers ("ASTCs"). I expect to refer a certain number these surgical cases to the multi-specialty ASTC that will be operated by Preferred SurgiCenter, LLC (the "CON Permit Applicant"). The referred patients will reside within the CON Permit Applicant's proposed geographic service area.

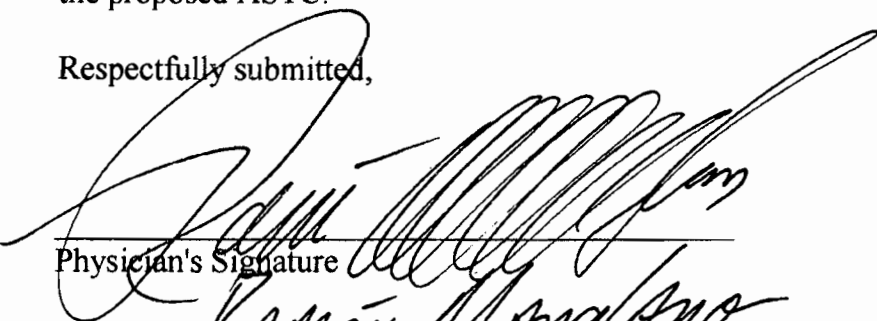
Name & Address of Healthcare Facility	Type of Healthcare Facility (ASTC, Hospital or Other)	Number of Surgical Cases Referred to HCF Most Recent 12 Month Period
MetroSouth Medical Center 12935 South Gregory Street Blue Island, Illinois 60406	Hospital	208
Pronger Smith 17495 South LaGrange Road Tinley Park, Illinois 60487	Office	360
TOTALS		568

Based on my prior surgical caseload, I anticipate that I will refer 300 surgical cases in my Specialty to the proposed ASTC.

I certify that the aforementioned referrals have not been used to support another pending or approved certificate of need permit application. I further certify that the information provided in this letter is true and correct to the best of my knowledge.

In addition to the referral information provided herein, please also note my support for the proposed ASTC.

Respectfully submitted,


Physician's Signature

Ramon Mangano
Physician's Name

2320 W. High St.
Street Address

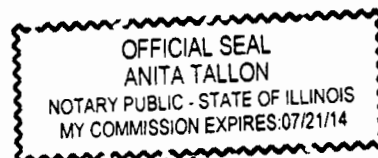
Blue Island, IL
City, State & Zip Code

NOTARY:

Subscribed and sworn to me this 27th day of MARCH, 2013.


Notary Public

Seal:



March 22, 2013

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

RE: Physician Referral Letter for Project No. 13-007, Preferred SurgiCenter, LLC

Dear Ms. Avery:

I am a surgeon who specializes in general surgery ("Specialty"). Over the past twelve months, I have performed a total of 1100 outpatient surgery cases in this Specialty. My surgical caseload in this Specialty will constitute the majority of my surgical work in the future.

During the past twelve months, I referred my outpatient surgical cases to the following health care facilities, which includes hospitals and/or ambulatory surgical treatment centers ("ASTCs"). I expect to refer a certain number these surgical cases to the multi-specialty ASTC that will be operated by Preferred SurgiCenter, LLC (the "CON Permit Applicant"). The referred patients will reside within the CON Permit Applicant's proposed geographic service area.

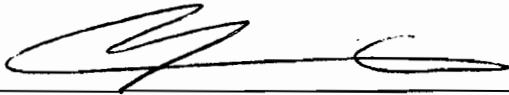
Name & Address of Healthcare Facility	Type of Healthcare Facility (ASTC, Hospital or Other)	Number of Surgical Cases Referred to HCF Most Recent 12 Month Period
Tinley Woods Surgery Center 18200 LaGrange Road Tinley Park, Illinois 60487	ASTC	80
Hinsdale Surgery Center 908 North Elm Street Hinsdale, Illinois 60521	ASTC	150
LaGrange Memorial Hospital 5101 Willow Springs Road LaGrange, Illinois 60525	Hospital	400
Hinsdale Hospital 120 North Oak Street Hinsdale, Illinois 60521	Hospital	150
Ingalls Memorial Hospital 1 Ingalls Drive Harvey, Illinois 60426	Hospital	320
TOTALS		1100

Based on my prior surgical caseload, I anticipate that I will refer 150 surgical cases in my Specialty to the proposed ASTC.

I certify that the aforementioned referrals have not been used to support another pending or approved certificate of need permit application. I further certify that the information provided in this letter is true and correct to the best of my knowledge.

In addition to the referral information provided herein, please also note my support for the proposed ASTC.

Respectfully submitted,



Physician's Signature

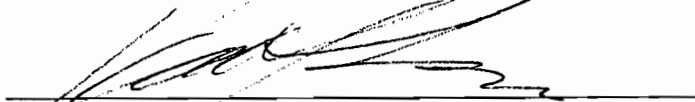
Dr. Sami M. Bittar

5201 S. Willow Springs Rd
Street Address

Suite 440 La Grange IL 60525
City, State & Zip Code

NOTARY:

Subscribed and sworn to me this 25th day of MARCH, 2013.


Notary Public

Seal:

